

Partnering with Pediatricians for Preparedness

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AAP Disaster Preparedness Advisory Council
Healthcare Network of Southwest Florida (Naples, FL)
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Why pediatricians?

- Primary care for children
- Specialty care for children
- Preferred source of communication
- Expertise on children's well-being
- Access to unique resources
- Local, state, and national voice

Primary care pediatrics: the pediatric medical home

- Introduced by AAP in 1967
- Longitudinal, comprehensive
- Care coordination
- Patient-centered
- Wrap-around
- Accessible
- Quality



The pediatric medical home

- Primary source of care
- Primary point of access
- Immunizations
- Well-child check-ups/anticipatory counseling
- Acute visits
- Telephone care and triage



Pediatric mental health



- *Primary care pediatrics is the default mental health system for children in the US!*
- First point of contact
- Common in everyday practice
- Integrated behavioral health on the rise

CYSHCN

(Children and youth with special health care needs)



Texas CSHCN Services Program

- Collaboration between medical home and specialty care
- Knowledge of needs
- Unique access
- Care oversight
- Quasi-POD

Disaster, communications, and the medical home

- “60% [of patients] preferred their family doctor as the major source of information regarding the prevention and care of anthrax or other biological hazards”

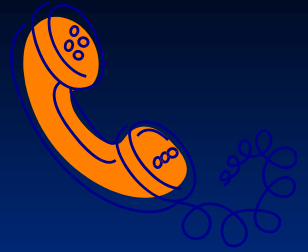
(Kahan E, et al. Family Practice, 2003; 20(4))

- “Most Americans would be persuaded to prepare for a public health emergency if instructed to do so by the CDC (86%) or their regular doctor (87%).”

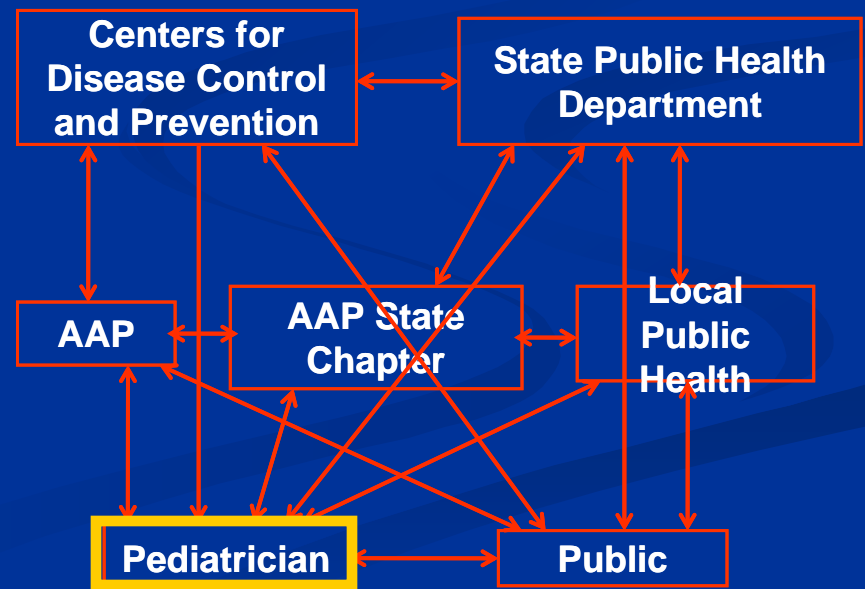
(Redlener, et al, 2007)



Communications



- Trusted source of information and advice
- Access to thousands of families
- Disseminating information during crisis
- Preparedness advice



Public health surveillance

Diseases Reportable to the Minnesota Department of Health

651-201-5414 or 1-877-676-5414

24 hours a day, 7 days a week

Report Immediately by Telephone

<p>Anthrax (<i>Bacillus anthracis</i>)^a Botulism (<i>Clostridium botulinum</i>) Brucellosis (<i>Brucella</i> spp.)^a Cholera (<i>Vibrio cholerae</i>)^a Diphtheria (<i>Corynebacterium diphtheriae</i>)^a Hemolytic uremic syndrome^a Measles (rubeola)^a Meningococcal disease (<i>Neisseria meningitidis</i>) (all invasive disease)^{a, b} Orthopoxvirus^a</p>	<p>Rabies (<i>Neorabies pestis</i>)^a Relapsing fever^a Q fever (<i>Coxiella burnetii</i>)^a Rabies (animal and human cases and suspected cases) Rubella and congenital rubella syndrome^a Severe Acute Respiratory Syndrome (SARS)^{a, f} Smallpox (variola)^a Tuberculosis (<i>Mycobacterium tuberculosis</i>)^a Unusual or increased case incidence of any suspect infectious illness^a</p>
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Report Within One Working Day

<p>Amebiasis (<i>Entamoeba histolytica/dispar</i>) Anaplasmosis (<i>Anaplasma phagocytophilum</i>) Arboviral disease (including but not limited to LaCrosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus) Babesiosis (<i>Babesia</i> spp.) Blastomycosis (<i>Blastomyces dermatitidis</i>) Campylobacteriosis (<i>Campylobacter</i> spp.)^a Cat scratch disease (infection caused by <i>Bartonella</i> spp.) Chancroid (<i>Haemophilus ducreyi</i>)^c Chlamydia trachomatis infection^c Coxiellosis Cryptosporidiosis (<i>Cryptosporidium</i> spp.)^a Cyclosporiasis (<i>Cyclospora</i> spp.)^a Dengue virus infection <i>Escherichia coli</i> infection (all primary viral types including A, B, C, D, and E)^g Histoplasmosis (<i>Histoplasma capsulatum</i>) Human immunodeficiency virus (HIV) infection, including Acquired Immunodeficiency Syndrome (AIDS)^{a, d, g} Influenza (unusual case incidence, critical illness, or laboratory confirmed cases)^{a, b} Kawasaki disease Legionellosis (<i>Legionella</i> spp.)^a Leptospirosis (<i>Leptospira interrogans</i>) Leptospirosis (<i>Leptospira interrogans</i>)</p>	<p>Listeriosis (<i>Listeria monocytogenes</i>)^a Lyme disease (<i>Borrelia burgdorferi</i>) Malaria (<i>Plasmodium</i> spp.) Meningitis (caused by viral agents) Mumps Neonatal sepsis, less than 7 days after birth (bacteria isolated from a sterile site, excluding coagulase-negative <i>Staphylococcus</i>)^{a, b} Pertussis (<i>Bordetella pertussis</i>)^a Psittacosis (<i>Chlamydia psittaci</i>) Rotavirus infection Rubella syndrome Rheumatic fever (cases meeting the Jones criteria only) Rocky Mountain spotted fever (<i>Rickettsia rickettsii</i>, <i>R. canadensis</i>) Salmonellosis, including typhoid (<i>Salmonella</i> spp.)^a Shigellosis (<i>Shigella</i> spp.)^a <i>Staphylococcus aureus</i> (vancomycin-intermediate <i>S. aureus</i> [VISA], vancomycin-resistant <i>S. aureus</i> [VRSA], and death or critical illness due to community-associated <i>S. aureus</i> in a previously healthy individual)^a Streptococcal disease (all invasive disease caused by Groups A and B streptococci and <i>S. pneumoniae</i>)^{a, b} Syphilis (<i>Treponema pallidum</i>)^c Tetanus (<i>Clostridium tetani</i>) Toxic shock syndrome Toxoplasmosis (<i>Toxoplasma gondii</i>) Transmissible spongiform encephalopathy Trichinellosis (<i>Trichinella spiralis</i>) Tuberculosis (<i>Mycobacterium tuberculosis</i> complex) (Pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease.) Latent tuberculosis infection is not reportable. Typhus (<i>Rickettsia</i> spp.) Unexplained deaths and unexplained critical illness (possibly due to infectious cause)^a Varicella-zoster disease (1. Primary [chickenpox] unusual case incidence, critical illness, or laboratory-confirmed cases. 2. Recurrent [shingles] unusual case incidence, or critical illness.)^a Vibrio spp.^a Yellow fever Yersiniosis, enteric (<i>Yersinia</i> spp.)^a</p>
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- Extension of everyday responsibility
- Sentinel illness reporting (“astute clinician”)
- Unusual clusters
- Examples:
 - Vibrio infections
 - “Katrina Cough”
 - Mold-related problems
 - FEMA trailers

Primary care and recovery

- Monitoring for signs and symptoms
- Family care
- Emotional support
- Coordination
- Advocacy
- On the front line

Where the pediatricians are

- Mostly small, independent, private practices
 - Loose affiliation with hospitals
 - Few are members of AMA
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- State AAP Chapters
 - Disaster Champions

State AAP Chapter roles

- Coordination and communication with pediatricians across the state
- Support for pediatric practices
- State-level expertise
- Advocacy
- Contact with national AAP



Joplin 2012 (1 year after)

general info

After the Storm: Recovery Opportunities in Joplin

COURSE LEARNING OBJECTIVES

Upon completion of this program, participants will be better able to know the child and adolescent behavioral health service options and referral methods throughout the community, provide support to children, families, and themselves, and discuss initial challenges, lessons learned, and successes since the May 2011 tornado.

TARGET AUDIENCE

This course is intended for pediatricians, family medicine physicians, psychiatrists, and other physicians caring for children and adolescents.

CREDIT

Mercy Hospital Joplin is accredited by the MSMA to provide continuing medical education for physicians. Mercy Hospital designates this live activity for a maximum of **4 AMA PRA Category 1 Credit(s)**™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

EDUCATIONAL GRANT

Mercy Hospital Joplin, the CME Committee, and the After the Storm Planning Committee wish to acknowledge the contribution of an educational grant in support of this event from the American Academy of Pediatrics Friends of Children Fund. Mercy Hospital Joplin complied with ACCME Standards for Commercial Support.



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registration

Saturday, April 28, 2012

8 am to 12:45 pm

Will's Place, 1800 W. 30th St., Joplin

There is NO fee for attending this event; continental breakfast and a light lunch will be provided. Advanced registration is required for this event as attendance is limited. Registrations are accepted on a first-come, first-served basis.
Registration deadline April 26, 2012

Name: _____

E-mail: _____

Title: _____ Position: _____

Home Address: _____

City/State/Zip: _____

Employer: _____

Phone: _____ Work Phone: _____

Mail registration form to:

Mercy Hospital Joplin
Attn: Katie Harden, Program Coordinator
2817 St. John's Boulevard
Joplin, MO 64804

Or fax to: 417.625.2807

Or email information to:

Katie.Harden@mercy.net

After the Storm: Recovery Opportunities in Joplin



**Saturday,
April 28, 2012
8:00 am to 12:45 pm**



Will's Place
1800 W. 30th St
Joplin, MO 64804



Bringing schools, mental health professionals, and pediatricians together to proactively address the mental health needs of children

State level coordination



January 2013



NEW JERSEY
DEPARTMENT
OF CHILDREN
AND
FAMILIES

PLANNING TO SUPPORT CHILDREN
AND FAMILIES IN THE AFTERMATH OF
SUPERSTORM SANDY

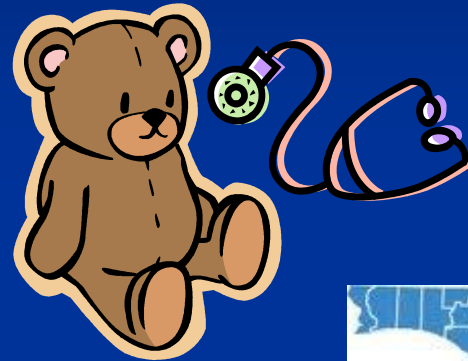
A FOCUS ON LONG-TERM RECOVERY

Allison Blake, PhD, LSW
Commissioner


- New Jersey State Led Child Task Force
- Convened after Superstorm Sandy
- Led by NJ DCF (Allison Blake, Commissioner)
- NJ DCF, DHS, DoH, DoE, FEMA, HHS, HHS/ACF, Red Cross, Save the Children, Children's Health Fund, Church of the Brethren, Southern Baptist, NJ AAP

Florida Children's Preparedness Coalition

- December 2011
- Led by FL DoH
- 3 workgroups:
 - State Guidance
 - Education and Awareness
 - Healthcare Coalitions
- Current projects:
 - Gap Assessment
 - State Pediatric Disaster Preparedness Guide



Regional coalitions

-  **NYC Pediatric Disaster Coalition**
Sponsored by the
Bureau of Healthcare System Readiness 
- California Neonatal/Pediatric Disaster Coalition
- Southeastern Regional Pediatric Disaster Response Surge Network (SRPDRSN)

National response: American Academy of Pediatrics

- 9/11: Task Force on Terrorism
- Katrina: Disaster Preparedness Team, “150 Days” Meeting
- 2006: Disasters made an AAP Strategic Priority
- 2007: Disaster Preparedness Advisory Council

Disaster Preparedness Advisory Council (DPAC)

- Unique structure within AAP
- Six representative members
 - Steve Krug, *Chair* (Peds ED)
 - Sarita Chung (Peds ED)
 - Dan Fagbuyi (Peds ED)
 - Meg Fisher (Peds ID)
 - Scott Needle (Primary Care/Community Peds)
 - David Schonfeld (Developmental-Behavioral)
- AAP full-time staff (Laura Aird, Sean Diederich)
- AAP Washington office
- Liaisons to CDC, HHS/ASPR, NIH/NICHD, FEMA, FDA, CHA, SRPDRSN

Strategic Plan: Children

■ Federal advocacy

- Pediatric representation and working groups
 - FEMA Children's Working Group and National Advisory Council; HHS Peds-OB Integrated Product Team (IPT)
- PAHPRA
 - National Advisory Committee on Children and Disasters
- Ongoing collaboration with HHS/ASPR, CDC, FEMA

■ Pediatric medical countermeasures

- National Preparedness and Response Science Board (NPRSB)
- Strategic National Stockpile (SNS)

Strategic Plan: Children

- Identification and inclusion of pediatric subject matter experts
- Pediatric inclusion in drills and exercises
- Promoting “everyday preparedness”
- AAP Policy statements

Strategic Plan: Pediatricians

- Resources for families
- Pediatric participation in organized response
- AAP support to pediatricians and state chapters
- Office preparedness (resources, incentives)
- Post-graduate education (NCDMPH, CME)
- Residency and fellowship training (APPD)

Strategic Plan: Other

- International cooperation
 - Partner organizations
 - Pediatric Education in Disasters
- Regional, state and local partnerships
- Children and Disasters website

AAP Children and Disasters webpage

Member Activities

Resources

Special pages for:

- Pediatricians
- Hospitals
- Child Care Providers
- Schools


Newsletter

Welcome


Pediatricians can serve as expert advisors to local, state, and federal agencies and committees and play a key role in disaster and terrorism preparedness with families, children, and their communities.

Ebola Virus Outbreak

Resources on the Ebola outbreak. ➔




Learn more about this




Enterovirus D68

The AAP is monitoring an increase in children with severe respiratory illness, possibly due to Enterovirus D68. What clinicians need to know... ➔



Collaborative Disaster Networks Survey Project


The AAP has received funding to support implementation of a Collaborative Disaster Networks Survey Project. ➔



Emergency Preparedness Stories

Highlighting lessons learned or steps that doctors and families can take to improve disaster preparedness for children. ➔

INFORMATION FOR FAMILIES

Visit HealthyChildren.org, the AAP parenting site, for information written for families on disasters. 

★ KEY RESOURCES

Newborn Screening in Emergencies Handout

Contingency planning strategies for newborn screening in emergencies. [More >](#)

Helping Children Cope

Details on how adults can promote adjustment and help children cope in a disaster. [More >](#)

Checklist for Practices

Pediatricians need to be ready to provide care for their patients even when normal operations are disrupted. View the new checklist. [More >](#)

AAP & CDC Collaboration on Public Health

Steven Krug, MD, FAAP, discusses the unique needs of children in disasters, and how pediatricians can help. [More >](#)

Vaccine Storage in a Disaster

Vaccine storage, handling resources, including disaster planning strategies. [More >](#)

Care of Children, Emergency Department

Joint Policy Statement—Guidelines for Care of Children in the Emergency Department. [More >](#)

Archived Office Preparedness Webinar

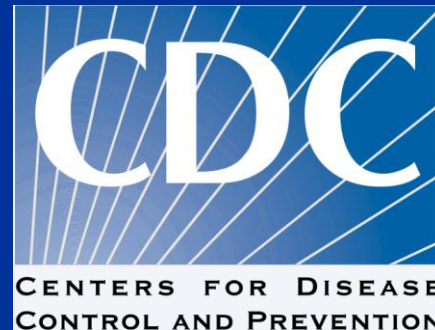
Strategies and ideas for how pediatricians and their office staff can prepare for disasters. [More >](#)

Selected Accomplishments

- Congressional testimony
- Online Pediatric Office Preparedness Tool
- H1N1, Anthrax, Ebola guidance and algorithms
- Haiti, Joplin: assistance, assessment, after-action
- Vision of Pediatrics 2020
- National Commission on Children and Disasters
- National Advisory Committee on Children and Disasters

AAP-CDC Collaboration

- Newborn screening
- Children with disabilities
- Ready Wrigley
- Anthrax
- Smallpox
- Ebola
- Influenza (H1N1 and seasonal)
- Enhancing Pediatric Partnerships to Promote Pandemic Preparedness (EP5)



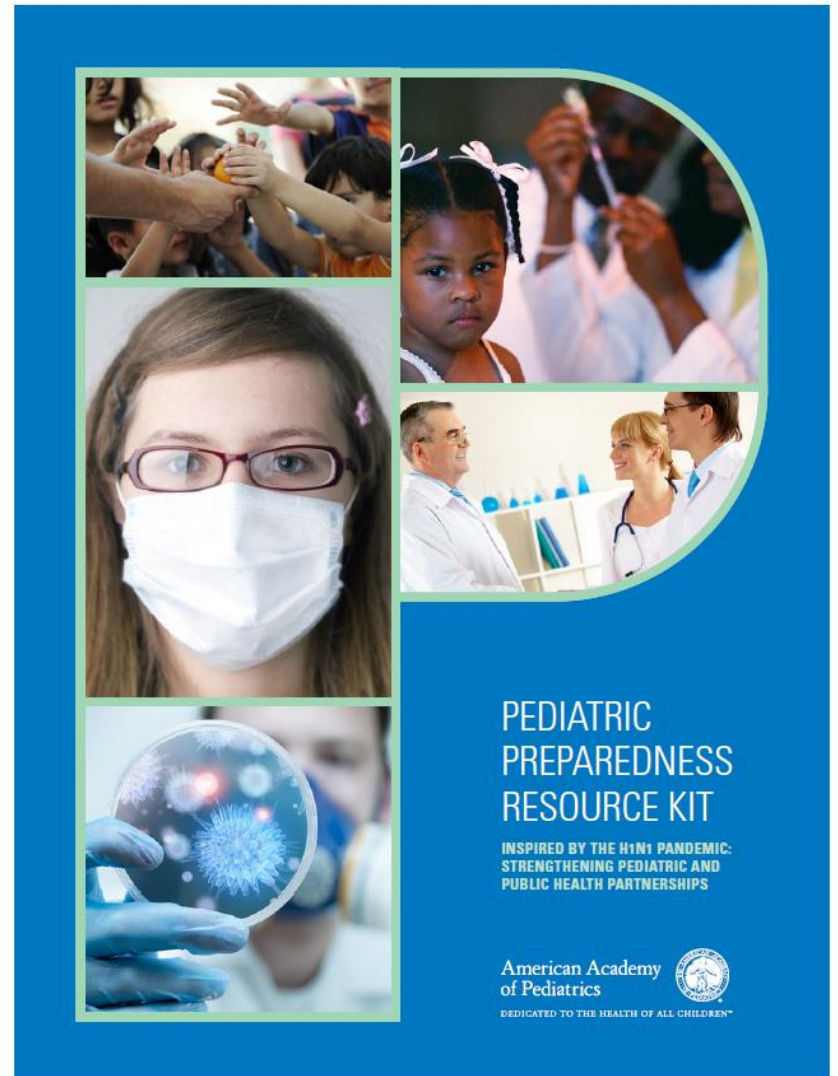
Enhancing Pediatric Partnerships

Purpose of Kit:

- Promote collaborative discussions among pediatric and public health leaders
- Assess existing efforts
- Develop state action plans
- Offer resources

Content Areas:

- Include pediatric care providers in state decision-making
- Promote strategic communications, messaging
- Prioritizing resources
- Establish pediatric advisory councils or coalitions
- Identify AAP Chapter contacts



Partnership: challenges

- Independent practices
- Fragmented system
- Not mandated or accountable to participate
- Little incentive to participate (time = money)
- Busy seeing patients
- Historic disconnect between practicing physicians and public health

Partnership: opportunities

- Build everyday connections
- Build everyday benefits
- Exchange of access and information
- Use your state Chapter



For more information

- AAP Children & Disasters webpage:
aap.org/disasters
- Missouri Chapter AAP: moaap.org
- Executive Director: Johanna Derda
- President: Sandra McKay, MD, FAAP
- Disaster Contact: Ted Barnett, MD, FAAP

Thank you!

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228-363-2461